

PERSONAL FINANCIAL DISCLOSURE

"TIER 2"

LSA-R.S. 42:1124.2

2009 NOV 13 AM 8:12  
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CAMPAIGN FINANCE  
ADMINISTRATION

☒ ORIGINAL REPORT

☐ AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought Mayor, City of Alexandria

Date of Election Nov 7, 2006 Date of Qualifying Aug 9, 2006

Full Name of Filer: Jacques M. Roy

Full Name of Spouse: Wendy H. Roy

Mailing Address: 715 Kimball Ave.

Street

Alexandria

City

LA

State

Apt. #

71301

Zip Code

Spouse's Occupation: Program Manager, 501(c)(3)

Spouse's Principal Business Address, if any:

1101 Fourth St.

Street

Alexandria

City

LA

State

101-A

Suite #

71301

Zip Code

Select One: ☐ (A) I certify that I have filed my federal income tax return for the previous year.

☒ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One: ☐ (B) I certify that I have filed my state income tax return for the previous year.

☒ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

Signature of Filer

Sworn to and subscribed before me this 12 day of November, 2009.

Notary Public

Printed Name:

ID# 062031

Commission Expires

**SCHEDULE A  
EMPLOYMENT INFORMATION**

☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name City of Alexandria		Job Title Mayor	
Employer Address 915 Third St.			
Street		Suite #	
Alexandria	LA	71301	
City	State	Zip Code	
Job Description Chief Executive Officer/Elected Official of Municipality			

  

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name The Rapides Foundation		Job Title Program Manager	
Employer Address 1101 Fourth Street			
Street		Suite #	
Alexandria	LA	71301	
City	State	Zip Code	
Job Description Director of Not-for-Profit that provides medication , pharmacological education and patient assistance to the needy.			

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Employer Address			
Street		Suite #	
City	State	Zip Code	
Job Description			

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Employer Address			
Street		Suite #	
City	State	Zip Code	
Job Description			

**SCHEDULE B**  
**POSITIONS - BUSINESS**

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

**Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		Amount of Interest   100   %
Name of Business   Jacques M. Roy, Attorney at Law		
Address   1100 M.L. King Dr.		
Street	Suite #	
Alexandria	LA	71301
City	State	Zip Code
Business Description   a sole proprietorship administering legal services		
Nature of Association   Attorney		

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest   _____   %
Name of Business   _____		
Address   _____		
Street	Suite #	
City	State	Zip Code
Business Description   _____		
Nature of Association   _____		

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest   _____   %
Name of Business   _____		
Address   _____		
Street	Suite #	
City	State	Zip Code
Business Description   _____		
Nature of Association   _____		

**SCHEDULE C  
POSITIONS - NONPROFIT**

☐ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization <u>LEPA</u>		Nature of Association <u>Member of Board of Directors</u>
Address <u>210 Venture Way</u>		
Street <u>Lafayette</u>		Suite # <u></u>
City <u>LA</u>		Zip Code <u>70507</u>
State <u></u>		
Organization Description <u>joint-action agency working to provide its member communities with firm, stable sources of electricity at the lowest possible cost.</u>		

  

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization <u>C. L. A. S. S.</u>		Nature of Association <u>Member of Board of Directors</u>
Address <u>904 13th Street</u>		
Street <u>Alexandria</u>		Suite # <u></u>
City <u>LA</u>		Zip Code <u>71301</u>
State <u></u>		
Organization Description <u>provides HIV prevention and support services</u>		

  

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization <u>Alexandria Municipal Employees Retirement S</u>		Nature of Association <u>Member of Board of Directors</u>
Address <u>1032 Wisteria St.</u>		
Street <u>Alexandria</u>		Suite # <u></u>
City <u>LA</u>		Zip Code <u>71301</u>
State <u></u>		
Organization Description <u>board for funds for benefits of retired municipal city employees</u>		

### SCHEDULE D

#### INCOME FROM THE STATE, POLITICAL SUBDIVISIONS, AND/OR GAMING INTERESTS

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ <u>112,097.76</u>
Name of Business, if applicable <u>City of Alexandria</u>		
Name of Source of Income <u>City of Alexandria</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>915 Third Street</u>		
Street	Suite #	
<u>Alexandria</u>	<u>LA</u>	<u>71301</u>
City	State	Zip Code
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ _____
Name of Business, if applicable _____		
Name of Source of Income _____		
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address _____		
Street	Suite #	
_____	_____	_____
City	State	Zip Code
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ _____
Name of Business, if applicable _____		
Name of Source of Income _____		
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address _____		
Street	Suite #	
_____	_____	_____
City	State	Zip Code

**SCHEDULE E**  
**INCOME RECEIVED FROM EMPLOYMENT**

☐ Check if Not Applicable

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse.

**INCOME SHALL BE REPORTED BY CATEGORY.**

**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

**INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		I    II    III    IV
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Employer Name	The Rapides Foundation	
Job Title	Director	
Employer Address	1101 Fourth Street	
Street	Suite #	
Alexandria	LA	71301
City	State	Zip Code
Nature of services rendered pursuant to the employment		
Not-for-Profit that provides medication, pharmacological education and patient assistance to the needy.		

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		I    II    III    IV
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employer Name	Job Title	
Employer Address		
Street	Suite #	
City	State	Zip Code
Nature of services rendered pursuant to the employment		

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		I    II    III    IV
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employer Name	Job Title	
Employer Address		
Street	Suite #	
City	State	Zip Code
Nature of services rendered pursuant to the employment		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

I    II    III    IV

Aggregate Amount of Income received from the business interests listed on Schedule F: ☐ I    ☐ II    ☒ III    ☐ IV

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>Jacques M. Roy, Attorney at Law</u>			
Address <u>1100 M.L. King Dr.</u>			
Street		Suite #	
<u>Alexandria</u>	<u>LA</u>	<u>71301</u>	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			
<u>legal services as self-employed attorney, of counsel to Chris J. Roy, Jr. APLC</u>			

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business _____			
Address _____			
Street		Suite #	
_____	_____	_____	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business _____			
Address _____			
Street		Suite #	
_____	_____	_____	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			

**SCHEDULE G  
OTHER INCOME**

☒ Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (**in value ranges by category**), excluding income reported in another section of this report.

**Note:** Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	



**SCHEDULE H**  
**IMMOVABLE PROPERTY**

☐ Check if Not Applicable

A brief description, fair market value or use value ( in value ranges by category ) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		I   II   III   IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country <u>USA</u>	State <u>Louisiana</u>	
Parish/County <u>Rapides</u>		
Property Description:		
<u>home located at 715 Kimball Avenue, Alexandria, Louisiana 71301</u>		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		I   II   III   IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Country _____	State _____	
Parish/County _____		
Property Description:		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		I   II   III   IV
Location of property:		Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Country _____	State _____	
Parish/County _____		
Property Description:		

# **SCHEDULE I** **INVESTMENT HOLDINGS**

☒ Check if Not Applicable

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

# **SCHEDULE J TRANSACTIONS**

☒ Check if Not Applicable

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE K  
LIABILITIES**

☒ Check if Not Applicable

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

☐ Filer   ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer   ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer   ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Guarantor (if any) \_\_\_\_\_

☒ Check if Not Applicable

**NAME OF POSITION OR OFFICE HELD:**

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the page.